QUESTIONNAIRE FOR PRESENTENCE INVESTIGATION

PROBATION OFFICER: _____

DEFENDANT'S NAME: _____

DEFENDANT'S VERSION OF THE OFFENSE:

This is your opportunity to provide the Court, in your own words, information pertaining to your actions in this offense.

This statement may be handwritten or typed. You should include, but are not limited to, the following information about your crime:

- **Why you became involved;**
- **Your exact actions/culpability;**
- **What you planned to and actually received from the crime;**
- **Your relationship to co-conspirators/co-defendants (if any);**
- **Any other information, opinions, or observations you may have concerning this crime which you may wish to inform the court.**

Please fill out this questionnaire <u>COMPLETELY AND ACCURATELY</u>. If you have any questions about the information requested, consult your attorney. All of the information you provide will be verified. Attach additional sheets if necessary.

PERSONAL INFORMATION:

Full Name:_____Date of Birth: _____Age: _____

Other Names Used:_____

Birthplace: (include county) _____

Social Security #: _____Driver's License #: _____

INS #:_____Marital Status: _____# of Dependants: _____

Present Address:_____

_____

Directions (if you live in rural area):_____

_____

_____

Mailing Address (if different from above):_____

_____

Telephone (Home):_____(Work): _____

Height:_____Weight:_____Hair Color: _____Eye Color: _____

Sex:_____Race: _____Scars/Marks/Tattoos (please describe): _____

_____

COMPLETE COURT & POLICE RECORD: Please list below any arrests, summons and any convictions for any offense you were involved with. Also list attorney name, address and telephone number who represented you.

ARREST DATE (AGE)	ARRESTING DEPARTMENT	LOCATION OF COURT	OFFENSE	SENTENCE INCLUDING DATE/NAME OF LAWYER

YOUR LIFE HISTORY: **Please trace your life from birth to the present - where have you lived and with whom you lived. Please be specific, include parents, step-parents, or any other important information. List addresses of prior residences (including county names). Be sure to include those people that you live(d) with. Use the back of the sheet if you need additional space. Also, please include the date and place of parent's birth and marriage(s)/divorce(s).**

IMPORTANT FAMILY MEMBERS:

	Name/Age	Present Address & Telephone No.	Marital Status & No. of Children	Occupation
Father				
Stepfather				
Mother (maiden name)				
Stepmother				
Brother				
_____-Brother				
_____-Brother				
Sister				
_____-Sister				
_____-Sister				
Other				

MARITAL HISTORY:

IF YOU ARE MARRIED OR DIVORCED PLEASE

SUPPLY A COPY OF YOUR MARRIAGE LICENSE OR DIVORCE DECREE

Spouse's (maiden) Name	Date, County & State Married	Date, County & State Divorced	Present Age & Address of Spouse

YOUR CHILDREN:

Name	Date/Place of Birth	Age	Present Address	School/Grade

MILITARY SERVICE: Please provide copy of DD-214 (discharge papers)

Branch:_____ Type of Discharge:_____

Date Entered:_____ Date of Discharge:_____

Service Number (if applicable):_____

Disciplinary Actions or Awards:_____

CRISIS SITUATIONS IN YOUR LIFE: Please explain any difficulties you may have had as a child or teenager, include how old you were at the time they happened:

Death in the Family:

Divorce of Parents:

New Step-parents:

Physical Abuse:

Sexual Abuse:

Serious Illness or Injuries:

PHYSICAL HEALTH:

Do you have any medical problems? List any past surgeries and the date of surgery.

Are you under the care of a doctor at the present time? If yes, list type of treatment, doctor's name, address and phone #.

Are you taking any prescribed and/or over-the-counter medication(s)? If yes, complete the chart below.

Medication Name	Doctor Prescribing Med	Condition it Treats	Dosage	How Frequent Med Taken

List any handicaps/chronic conditions:

How would you rate your health? (circle one) Poor Fair OK Good Excellent

Please explain why:_____

_____

_____

MENTAL HEALTH: If you have had any of the following, please explain, including when and where it happened. Give specific dates and locations, including counselor name and address.

Psychological Counseling: where, why, with whom, date(s)

Psychiatric Treatment: where, why, with whom, date(s)

Mental Health Hospitalizations: where, why, with whom, date(s)

Attempts to Commit Suicide: where, why, with whom, date(s)

Are you taking any prescribed and/or over-the-counter medication(s) for any Mental Health condition? If yes, complete the chart below.

Medication Name	Doctor Prescribing Med	Condition it Treats	Dosage	How Often Med Taken

SUBSTANCE USE/ABUSE:
Alcohol/Drug Treatment: where, why, with whom, date(s) _____

_____

SUBSTANCE ABUSE HISTORY

Drug Used	Year 1st Used	Date Last Used	Year of Most Use	Past Max Use per day/week	Total Time Used	Present Use During Last Week	How Taken	Cost Per Week
Heroin								
Methadone								
Other Opiates								
Alcohol								
Barbiturates								
Amph/Meth								
Cocaine								
Mari/Hash								
Hallucinogens								
Inhalants								
Tranquilizers								
OTC								
Prescription								
Other								

First Drug Used | How First Introduced | O.D./Suicide Attempt

Name		Family		Jail		Accidental	Yes	No
When		Friend		Military		Date		
Where		Dealer				Method		

Longest Clean on Street: _____Longest Dry (alcohol free) _____

What is your drug of choice? _____

<u>Within the 12 months prior to your arrest</u>, please answer the following questions regarding the use of your drug of choice or of any other substance:

Did your use of the substance have an effect on your work, school, or home life? If so, explain how.

_____

Did you use the substance in physically hazardous situations such as driving a car, operating machinery, etc? If so, explain.

Did you have any legal difficulties that were substance related? If so, explain.

Despite negative consequences from your use of the substance, such as fights with family, spouse, missing work, did you continue to use the substance?

Did you find that you needed to use more to achieve the same effect, or did you experience less of an effect from using the same amount? Explain.

Did you experience any physical or mental symptoms that you would consider withdrawal symptoms of a substance? If so, explain the type, duration, and if you used something else to manage the withdrawal symptoms.

Describe any attempts that you made to control or stop your use of the substance, including past treatment efforts.

Did you continue using a substance even though any of the following have happened; (1) having to spend more time and effort to obtain the substance, (2) giving up social or recreational events that were important to you, or at least curtailing some of these events, (3) the substance use made a physical or psychological problem worse (i.e. and ulcer)? If any of these apply, explain.

GENERAL:

What are your personal strengths? _____

_____

What are your personal weaknesses? _____

_____

_____

_____

_____

_____

How satisfied are you with your life? (circle one) Poor Fair OK Good Excellent

Please explain why: _____

_____

_____

_____

_____

_____

_____

_____

EDUCATION:

	Date	School Name/Location	School Mailing Address/Phone	Diploma Degree
Elementary School				
Jr. High School				

	Date	School Name/Location	School Mailing Address/Phone	Diploma Degree
High School				
Technical College				
Post College/ Graduate School				
Other				

Last Grade Completed: _____Date: _____

Grades: (circle one) Low Average Honors

Do you have a GED? (circle one) Yes No

If yes, Test Center and Date: _____

IMPORTANT: PLEASE SUPPLY COPIES OF ALL TRANSCRIPTS, DIPLOMAS, GED CERTIFICATE

EMPLOYMENT:

Primary Occupation: _____
List below all jobs you have had, starting with your present or most recent and ending with your first period of employment.

Dates From/To	Part-Time (PT) Full-Time (FT)	Employer Job/Wage	Employer Address/Phone	Reason You Left